263-048848 MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER DO NOT WRITE AMENDED ON THIS STUB FILED DEC 24 USUAL RESIDENCE (Where deceased lived. If institution: Pasidence before I. PLACE OF DEATH a. COUNTY * STATE MISSOUR & COUNTY VS 300 Newton AMENDED Newton Rev: 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b E CITY Insida Limits OR TOWN Stella TOWN Neosho Yes 🖾 No 🛘 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits 0730 d. STREET (If cutside, give location) Aside on Ferm HOSPITAL OR INSTITUTION D.O.A. Cardwell Mem Hoge Non 512 E. South St Үеэ⊓ МыЖ 20735 3. NAME OF DECEASED Middle 4 DATE (Type or print) Virl 14. 1963 Johnny Thomas DEATH Dec 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 7. Married Never Married 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX Months Divorced [7] White Male 10a. USUAL OCCUPATION (Give kind of work done 10h, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY working life, even if retired) Rocketdyne Harrison, Ark. U.S.A. 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME Carolyn Jean Thomas John Thomas Alma Berrett 16. SOCIAL SECURITY NO. 17. DEFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, nation unknown) | (If yes, give war or dates Carolyn Jean Thomas Neosho, Mo. ARE 18. CAUSE OF DEATM (Enter only one cause per none tor (a), (a), was (c. PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN CINSET AND DEATH 10 mmediate IMMEDIATE CAUSE (a) Head injuries NSTEAD DUE TO (b) sustained in one car upset Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** probable internal injuries 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of sigury in PART I or PART II of item 18.) subject, passenger, injured in one car upset & over-YES | NO 🛣 20c. TIME OF Month, Day, Year RIBBON Hour INJURY a.m. 12/14/1963 ž 10:30 XX. 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK Mi. So. of Stella. Newton, NOT WHILE AT WORK IX Missouri Public Road, Hwy. READ **TYPEWRITER** 21. Kaulai e Diri Dirika Bir Cida on the data stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred a or title) Coroner. 22b. ADDRESS 22c. DATE SIGNED Newton Co., Mo. 118 W. Main, Neosho, Missouri 12/16/63 23c. NAME OF CEMETERY OR CREMATORY 28 BURIAL, CREMATION, 23d. LOCATION (City, town, or county) (State) AFFIDA 23b. DATE ģ Burial (Specify) I.O.O.F. Cemetery Neosho. Missouri 25. DATE RECD. BY LOCAL REG. 2 24. FUNERAL DIRECTOR ark Funeral Hŏme Neosho,

(Licensed Embelmer's Statement on Reverse Side)

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APR 3 1964

STATEMENT BY LICENSED EMBALMER

Signed /	on Sween
- Coll	
	And in oping
v	Licensed Embalmer No. 5191
: 172°	R:O: Address 632 Park Stree Neosho, Missou
D	D BY THE LICENSED EMBALMER in his position of license).